



County of San Bernardino

F A S

STANDARD CONTRACT

AMENDMENT NO. 2

FOR COUNTY USE ONLY

E	New	Vendor Code			Dept.	Contract Number	
M	<input checked="" type="checkbox"/> Change	SC			707	A	03-259 A2
X	Cancel						
County Department				Dept.		Orgn.	
San Bernardino International Airport						Contractor's License No.	
County Department Contract Representative				Phone #		Amount of Contract	
Penny Chua				382-4100, x243		\$29,045.00	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB Number		Termination Date
NKL	ACT	430	100	1010	DALY		
Commodity Code			Estimated Payment Total by Fiscal Year				
			FY	Amount	I/D	FY	Amount
Project Name							

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name

Robert Daly

hereinafter called Contractor

Address

ON FILE

Phone

Birth Date

Federal ID No. or Social Security No.

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

Pursuant to the San Bernardino International Airport Authority Commission Action on June 9, 2004, Section 2 of Contract 03-259 for Robert Daly is amended to read:

The County shall pay the Contractor and the Contractor agrees to accept the following base hourly wage rate as compensation for labor or services rendered ("Salary").

- i) Commencing June 26, 2004, the Contractor shall receive **\$13.91** per hour as Salary. The Salary as set forth shall remain in effect until such time, if any, this employment contract is duly modified by the parties.

All other terms and conditions of the employment contract remain the same.

COUNTY OF SAN BERNARDINO

►
Dennis Hansberger, Chairman, Board of Supervisors

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Clerk of the Board of Supervisors
of the County of San Bernardino.

By _____
Deputy

(Print or type name of corporation, company, contractor, etc.)

By ►
(Authorized signature - sign in blue ink)

Name _____ Robert Daly
(Print or type name of person signing contract)

Title _____ Airport Operations Specialist
(Print or Type)

Dated: _____

Address: ON FILE

Approved as to Legal Form

►
County Counsel

Date _____

Reviewed by Contract Compliance

►
Date _____

Reviewed for Processing

►
Agency Administrator/CAO

Date _____

